When a Good Drug Goes Bad

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OxyContin Overview
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Federal, State, & Local Agencies Involved in Prescription Drug Diversion and Health Care Fraud

Office of Inspector General (They watch over "pots" of government money)
- **Health and Human Service** (Medicare)
- **Department of Labor** (Black Lung, Unions, etc)
- **Defense Criminal Investigative Services** (Retired Military, Tri-Care)
- **Veterans Affairs** (VA hospitals)

Federal Bureau of Investigation (FBI)
Food & Drug Administration (FDA)
Alcohol, Tobacco, & Firearms (ATF) (guns are easy to steal & trade for drugs)
Drug Enforcement Agency (DEA)
Internal Revenue Service (IRS) (money laundering)
Medicaid Fraud Control Unit (MFCU) (State and Federal $$, administered by state)
State Police - Drug Diversion Unit
Postal Inspectors
Department of Health Professions (DHP) (monitor the professional license)
Local Jurisdictions
Multi–Jurisdictional Task Forces (good tool!)

Remember 98% are good, but we deal with the 2%, that are bad 98% of the time!

History of Opium

- 3400 B.C. Sumerians begin cultivating Hul Gil "The Joy Plant"
- 470 B.C. Hippocrates "The Father of Medicine" prescribed Opium
- 200 A.D. Opium reaches China two trading wars ensue for control
- 17th Century recreational use of Opium is recorded
- 1800's morphine, codeine, papervine, THEBAINE are isolated from Opium
- 1840's Hypodermic needle invented (bypass the digestive tract)
- 1860 U.S. Civil War "Soldiers Disease" – first heavy use of narcotics
- 1874 Heroin (diacetylmorphine) Synthesized
- 1895 Bayer markets and sells heroin
- 1914 Harrison Narcotics Act & 1970 Federal Controlled Substance Act
- 1973 DEA created by President Nixon
- The "War on Drugs" begins

Oxycodone (generic) is derived from the alkaloid Thebaine.

PAIN - Unpleasant Sensory and Emotional Experience

- Serves a biologic function – a child touches a hot stove they remember!
- Pain is real - 72 million surgeries, 35 million E.R. visits a year.
- Literature, cited by drug companies, says pain has been under treated.
- Opioids/Opiates are still the best medications for treating pain.
- Cancer (end of life) pain v. chronic pain v. acute pain.
- Everyone's pain is their own - Subjective.
- Not everyone becomes a "drug addict" Ex: Morphine pump

Current Literature

- People with legitimate pain usually do not exhibit drug seeking behaviors
- One study found that only 4 out of 12,000 patients became addicted
- 38 long term opioid users, only 2 became addicted, both had previous psychiatric problems

Who funds the studies? Another study suggests 13-18% of a given population is prone to addiction - why the discrepancy?

Doctor's Dilemma

Effective January 1, 2001 Joint Commission on Accreditation says, in part:

- Pain should be considered the 5th vital sign
- Doctors must aggressively treat pain
- Doctors should believe patient's account of pain

Federal Schedules I-VI

Sch 1 – No medical use in the United States
Sch II – High Abuse potential ex. Oxycodone
Sch III – Abuse potential less than Sch II ex. Hydrocodone
Sch IV – Moderate abuse potential
Sch V - Minor abuse potential
Sch VI – All other non-narcotic compounds

Doctors Who Treat Pain

(Model Pain Protocols)

Doctors who treat pain have an obligation to do it correctly

Good evaluation & treatment plan

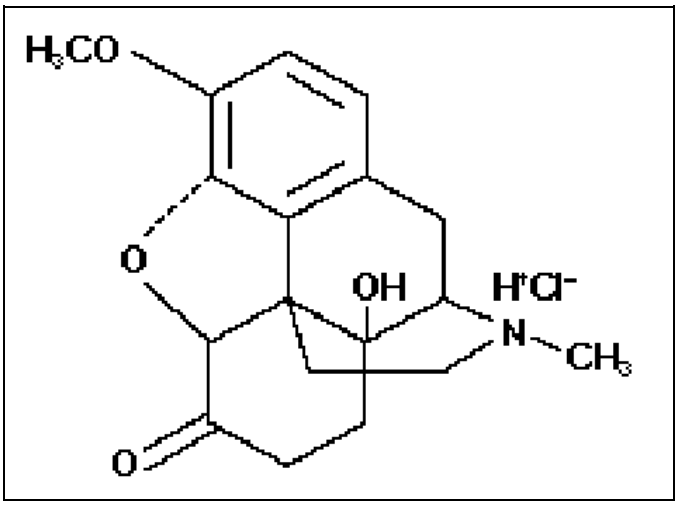
- Try conservative treatment first, i.e., rest, physical therapy, etc.
- Slowly escalate to the use of opioids, (NSAID's, Cox-2's, Sch IV's, Sch III's)
- Document, Document, Document, Document, Document
- Review patient progress, refer patient to specialist

- Compliance through pain contracts, urine testing, pill counts
- Consistent dealing with Dr. Shopping behavior

Fewer Than 7% of Physicians Who Enter Practice Have Had Any Formal Training in the Assessment of Pain

Modern Narcotics Are Derived From Opium or its Synthetic Analogues

- Morphine
- Oxycodone
- Hydrocodone
- Duragesic
- Codeine
- Dilaudid
- Meperidine
- Methadone
- Stadol
- Nubain
- Oxymorphone
- Talwin



Heroin is still legal in England!

Narcotics, including heroin, are all chemical cousins

Combination Analgesics

- Narcotics that are combined, usually with Tylenol (Percocet) or aspirin (Percodan)
- Patients are usually limited to 4 grams (4,000mg) of Tylenol per day
- 7.5/500 Percocet - limited to 8/day
- 5/325 Percocet – limited to apx 12/day

7.5 or 5 = mg's of Oxycodone
325 or 500 = mg's of Tylenol

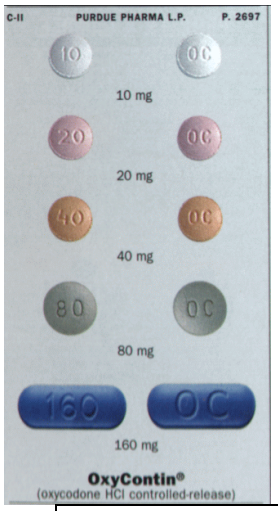
Purdue Pharma

- Privately held company - located in Stamford, CT
- Mortimer & Raymond Sackler, Psychiatrists
- Founded in 1952 as Purdue Fredrick
- Began selling antiseptics (Betadine) & laxatives (Senokot)
- 1992 spun off Purdue Pharma focus on pain management
- 4,000 employees worldwide
- $25 million plant opening in NC
- 1.5 billion in sales for 2001 IMS HEALTH

OxyContin

- FDA approval of OxyContin granted in Dec 1995
- Pure form of Oxycodone Hydrochloride
- Single entity agent (i.e. no acetaminophen)
- Formulated as a time release preparation
- Supposed to be a 12 hour medication
- 10, 20, 40, 80, & 160mg doses

160's were pulled from Market in May 2001



White

Pink

Yellow/Gold

Green

Blue

Pills imported to Mexico and Canada are inscribed EX and CDN in place of the "OC" on one side of the pill

OxyContin Benefits

- 12 hour dosing reduces number of pills
- Time-release formulation reduces diversion & abuse
- More consistent plasma levels
- Single entity agent v. combination drugs
- No dosage ceilings on pure opioids **(remember combination drugs impose a ceiling)**
- Fewer gastric problems (no aspirin to erode the stomach)
- Better patient compliance

From Purdue's Product Brochure

Cost of Oxy

OxyContin is expensive! $0.10/mg at the pharmacy if you have no insurance

60 OxyContin 40mg cost	$240.00	
Patient Copay	$ 1.00	($1.00 Virginia Medicaid up to $50 for private insurance)

Street prices make the same script worth $2,400.00

Patient investment $ 1.00

It Cost the system apx. $800 (Doctor Visit, Labs, X-rays, etc)

Tolerance & Dependence V. Addiction

- A person on Opioids will likely develop tolerance requiring a higher dosage to achieve the same pain relief
- Dependence – without the drug, withdrawal syndrome will occur
- Addiction is the psycho-social situation where a person becomes obsessed with obtaining the analgesic/euphoric effects with no therapeutic purpose. Patient loses control of the substance.

Abuse

Crushing OxyContin destroys the time-release properties of the medication

- Chewing the pill – gives an immediate release of 100% of the oxycodone
- "Cooking it" - and injecting it into a vein "main line" (Euphoric/orgasmic rush)
- Skin Popping (between the skin and muscle – slower rush)
- Snorting like cocaine

**** Rate Hypothesis - the faster a substances gets into your system the higher the euphoria**

Risks From Abuse

- Respiratory depression leading to death
- From the fillers (talc)
  - Lung Granulomas
  - Heart attack
  - Stroke or stroke like symptoms
- Bacterial/viral infection
  - HIV, hepatitis, Endocarditis, etc
- Erosion of the septum/membranes in the nose
- Skin abscesses

Sources for Oxy

- Legitimate Doctors
- Doctors "Pill Mills" (part of the 2% that are bad)
- Forged Prescriptions
- Altered Prescriptions
- Pharmacies -> Robberies, B&E's, Diversion
- Theft
- Foreign sources, Mexico, Canada
- Internet

Other Than the Government Where Else Do They Get Their Money to support a $100 - $400/day habit? Steal or Deal!

Purdue Pharma's 10-point plan to combat abuse of the drug:

- **Continuing medical education programs**
- **Tamper-resistant prescription pads**
- **Drug prevention and education programs for teenagers**
- **Opioid documentation kits for doctors**
- **Brochures for doctors and pharmacists about prescription drug diversion.**
- **A study of prescription drug monitoring programs.**
- **Educational programs conducted with members of the law enforcement community.**
- **Research on the causes of abuse of specific prescription drugs.**
- **Each country's OxyContin pills will have different markings.**
- **Abuse-resistant medications.**

Selected News Articles

JULY 29, 2001 New York Times Magazine

The Alchemy of OxyContin: From Pain Relief to Drug Addiction
By PAUL TOUGH

Paula is taking me on a driving tour of Man, the tiny West Virginia town where she has spent her entire life. Because I don't know my way around the hollows and gullies and creeks that carve through these hills, Paula is at the wheel. And because Paula isn't a morning person, we've set out on our tour at midnight. It's dark; the only illumination comes from our headlights cutting through the mist that rolls down from the hills.

The tour Paula is leading isn't sanctioned by the local chamber of commerce; there are no stops at Civil War plaques or scenic vistas. It's a pillhead tour: an addict's-eye view of the radical changes that a single prescription drug, called OxyContin, has brought to the town of Man. OxyContin abuse started in remote communities like this one more than two years ago; more recently, it has spread beyond its origins in Appalachia and rural Maine to affect cities and suburbs across the eastern United States. I came to Man to try to understand how America's latest drug problem started, to see its roots and trace how it has spread.

"That's my best friend's trailer right there," Paula says, pointing out a comfortable-looking single-wide across the creek. "She's somebody that you couldn't look at and know she was an oxy addict. She was a cheerleader in junior high. She's married. You can't just look at somebody and tell."

A few years ago, Paula says, Man was like any small town in America: you could buy a variety of illegal drugs, as long as you knew the right person to talk to. Pot was big; there was occasionally some cocaine around and a few pills for recreational use. Fads would come and go. But these days, she says, the only drug for sale in Man is OxyContin, a narcotic painkiller that users crush -- to disable its patented time-release mechanism -- and then snort or inject for a powerful and immediate opiate high. Legally, it's sold only by prescription for the treatment of chronic pain. In practice it's available just about everywhere around here, immediately, for cash. The going rate is a dollar a milligram, or $40 for a 40-milligram pill.

Paula is a thoughtful, good-natured 24-year-old with wispy blond hair, serious eyes and faded jeans. She's fidgety; as she drives with one hand, she's rummaging through her handbag with the other, looking for her pack of Marlboro Lights. She finds them, removes one and stabs the dashboard lighter. "I'll show you some places over here," she says, as she turns her car off the main road, over a short bridge and down into a rough indentation that holds a couple dozen trailers and prefab homes. "This is Green Valley. We just call it the valley. It's a pretty good neighborhood," she says, then interrupts herself. "Well, except that's a dealer there."

She points to a trailer with a Chevy pickup out front and a light burning inside. I crane my neck to get a look at a real-life drug den, but the tour has already moved on. Paula is pointing out a trailer on the other side of the road: "That's a small-time dealer there, nothing big," she says. Then she points to another one, and then another: "That's a dealer. . . . That's a small-time dealer. . . . That's a dealer. . . . Her son's a dealer, but I don't know if he lives there. . . . He uses, that boy in there. . . . They use really, really big."

We're driving slowly around the circular dirt road that is the only path through Green Valley. The neighborhood doesn't feel dangerous -- no graffiti, no pit bulls, no broken bottles lying around. Still, Paula is pointing out criminal activity in every second home, peering through the front windshield and gesturing left and right: "They used to deal, too, but they don't no more. . . . They deal. . . . There's some dealers up through there, one or two, nothing big. . . . This boy that lives here deals. . . . They deal, in that trailer there."

The first time Paula did an oxy (as she calls the pills), in the summer of 1999, it didn't do much for her. "That first 10-milligram pill, I didn't really feel nothing off it," she says. "But the second time I did it, I did two 20's, and I was high." She liked the effect. "When you get that oxy buzz," she says, "it's a great feeling. You're happy. Your body don't hurt. Nothing can bring you down. It's a high to where you don't have to think about nothing. All your troubles go away. You just feel like everything is lifted off your shoulders."

What Paula calls "that oxy buzz" comes from OxyContin's only active ingredient: oxycodone, an opioid, or synthetic opiate, developed in a German laboratory in 1916. Chemically, it is a close relative of every other opium derivative and synthetic: heroin, morphine, codeine, fentanyl, methadone. The narcotic effects that Paula is describing are the exact same ones that have drawn people to opiates for centuries. And just as every opiate does, oxycodone creates a physical dependence in most of its users and a powerful addiction in some of them. "At first you do them to get high," Paula says, "and then after you're addicted to them you don't do them to get high; you do them to survive. You do them to feel normal." At her peak, she says, she was snorting four or five 80-milligram pills

a day.

The earliest reported cases of Oxycontin abuse were in rural Maine, rust-belt counties in western Pennsylvania and eastern Ohio and the Appalachian areas of Virginia, West Virginia and Kentucky. The problem traveled through these regions, as friends told friends and the word spread from town to town, county to county, up and down the Appalachians. There are a few defining characteristics that the first affected regions share: they're home to large populations of disabled and chronically ill people who are in need of pain relief; they're marked by high unemployment and a lack of economic opportunity; they're remote, far from the network of Interstates and metropolises through which heroin and cocaine travel; and they're areas where prescription drugs have been abused -- though in much smaller numbers -- in the past. "There's always been a certain degree of prescription drug abuse in this area," says Art Van Zee, a physician in Lee County, Va., "but there's never been anything like this. This is something that is very different and very new, and we don't understand all the reasons why. This is not just people who have long-term substance-abuse problems. In our region this is young teenagers, 13- and 14-year-olds, experimenting with recreational drug use and rapidly becoming addicted. Tens of thousands of opioid addicts are being created out there."

In Man, Paula said, it was like OxyContin came out of nowhere. One day no one had heard of oxys, and a month later, the pills had become a way of life for hundreds of locals. It became so easy to buy OxyContin in and around Man, Paula said, that until recently, she never really thought about the fact that everyone involved was breaking the law. "Buying pills never seemed illegal," she said. "It just didn't feel like it was wrong." There aren't lookouts involved, or secret passwords or elaborate drop sites: when Paula wants to buy an OxyContin pill, she simply drives to a dealer's house and knocks on the front door in broad daylight. If she knows the dealer well enough, she'll go on in and snort the pill there, just to be neighborly. If not, she'll hand over the cash, put the pill in her pocket and drive away. Sometimes she'll be the only person there; other times, there will be a dozen cars lined up out front.

The dealers have the benefit of a captive market: OxyContin, like any opioid, is very difficult to quit abusing. And given the pill's ubiquity here in Man, and the fact that the nearest rehab clinic is two hours away, this is an unusually hard place to quit using it. Nonetheless, Paula is trying. Six months ago, she and her best friend decided they were going to quit cold turkey. They took a couple of days off work, locked themselves in her friend's trailer and started to detox. "That was the worst three days of my life," Paula said. "Honestly, I prayed to God to let me die. That's how bad it is. Your stomach hurts, you get really bad headaches, you get diarrhea. You want to throw up. You get really depressed. If you can get past the third day or the fourth day, you're pretty much fine, but most people don't make it." Paula and her friend didn't make it: at the end of the third day, they went out and got a pill.

A few months ago, OxyContin abuse was considered a regional problem, labeled "hillbilly heroin" and confined to areas far from the nation's population centers. This year, though, abuse of OxyContin has started to move away from its backwoods origins and into metropolitan areas on the East Coast, into the Deep South and parts of the Southwest and into suburban communities throughout the Eastern United States. In Miami-Dade County, there have been 11 overdose deaths so far this year in which oxycodone was the probable cause, according to the county medical examiner. There have been 11 more in Philadelphia, according to the medical examiner there. Police in Bridgeport, Conn., arrested a local doctor in July for prescribing tens of thousands of OxyContin tablets to patients, often, they say, without any medical examination at all. And in the suburbs of Boston, police say more than a dozen pharmacies have been held up by a gang of young men wearing baseball caps and bandannas, looking for OxyContin.

In many ways, the spread of Oxycontin abuse closely resembles another recent drug epidemic. In the early 1990's, the Medellin and Cali cartels controlled cocaine and heroin distribution in the United States. Cocaine was selling well, but there was a marketing problem with heroin: it could only be injected, and many people, even frequent drug abusers, are reluctant to stick needles in their arms.

The Colombians' solution to this problem was to increase the purity of the heroin they were bringing into the United States until it was potent enough to snort. They were then able to use their existing cocaine-trafficking network in the Eastern United States to get heroin onto the street in powder form. Cocaine users, who were used to the idea of buying and snorting a white powder, experimented and became addicted. As their tolerance increased, these new heroin snorters overcame their aversion to needles and soon turned into heroin injectors. , doing the most damage when it enters a community of people who don't think of themselves as serious drug users.; 'At the moment,' one pain specialist says the attitude is that if one housewife in Alabama becomes addicted, then the drug must be pullled and the company shut down.'
Similarly, there were plenty of oxycodone users in Appalachia before OxyContin came along. Many of the OxyContin addicts I spoke to in Kentucky and West Virginia used to snort or chew a mild oxycodone-based painkiller called Tylox. They said they found the pills somewhat euphoric and not very addictive -- each Tylox contains just 5 milligrams of oxycodone, along with 500 milligrams of acetaminophen. When OxyContin arrived on the scene, in pills containing 20, 40 and 80 milligrams of oxycodone, it marked a jump in purity similar to that of early-90's heroin -- and again, casual users started snorting, and then shooting, a powerful opioid.

Although heroin and OxyContin have a similar unhappy effect on the lives of people addicted to them, there is a critical and simple difference between the two: heroin is illegal; OxyContin, when used as directed, is legal. More than that: the pill is government-approved. It is made by Purdue Pharma, a successful and well-regarded pharmaceutical company headquartered in Stamford, Conn. It is prescribed to a million patients for the treatment of chronic pain, and it is closely regulated at every stage of its manufacture and distribution by the Food and Drug Administration and the Drug Enforcement Administration.

This fact has meant a major conceptual shift for law-enforcement officials, who are used to combating narcotics produced by international drug lords, not international corporations. Terry Woodworth, the deputy director of the D.E.A.'s office of diversion control, says the spread of OxyContin has posed a challenge to the D.E.A.'s traditional methods: "Instead of using the normal law-enforcement techniques -- like going to the source and attempting to eradicate or destroy the criminal organization producing the drug and immobilize its distribution networks and seize all its assets -- you have a very different situation in a legitimate industry, in that your manufacture and distribution is legal."

Scott Walker, the director of Layne House, a drug treatment facility in Prestonsburg, Ky., puts it more concisely: "You don't have the Coast Guard chasing OxyContin ships," he says. "This isn't something you can stop at the border. It's growing from within."

Part of what makes the spread of OxyContin abuse so difficult to track, let alone to stop, is that the drug moves not physically but conceptually. When crack cocaine spread from the big cities on either coast toward the center of the country, it traveled gradually, along Interstates, city by city. OxyContin abuse pops up suddenly, in unexpected locations: Kenai, Alaska; Tucson; West Palm Beach, Fla. At the Gateway Rehabilitation Center in Aliquippa, Pa., a suburb of Pittsburgh, Jay, a recovering OxyContin addict and a former small-time dealer, offered an explanation for OxyContin's sudden geographical shifts. "It's the idea that passes on," he told me. "That's how it spreads. There aren't mules running the drug across the country. It's dealt by word of mouth. I call a friend in Colorado and explain it to him: 'Hey, I've got this crazy pill, an OC 80, an OC 40. You've got to go to the doctor and get it. Tell him your back hurts."'

Jay is 26, a college graduate and former nurse. He started doing oxys in 1999, and his consumption quickly rose to 240 milligrams a day. He was clean when we met and trying to stay that way. But when he talked about the drug's potential as a small business, he couldn't help getting excited. "I could go to California or Las Vegas and say, 'Hey, I was getting OC's prescribed to me in Pennsylvania; I'm going to get them in Las Vegas,"' he said. "And then if I wanted to sell them, I could sell them there. I'd start out and sell them for 10 bucks apiece. Get people hooked on them, then sell them for 50 bucks apiece. It's experienced word of mouth. I've experienced the drug, therefore I know how to describe it to you."

Unlike heroin, Jay explained, OxyContin doesn't require investment or muscle or manpower to move across the country. OxyContin abuse is a a contagious idea – a meme, if you will. Because OxyContin, the medicine, is readily available in pharmacies everywhere, all it takes to bring OxyContin, the drug, to a new place is a persuasive talker like Jay. A powerful recreational narcotic can now travel halfway across the country in the course of a phone call.

In order to understand the particular dilemma of OxyContin, you need to understand the long-fought war among doctors over pain and addiction. For centuries, opium and its derivatives have been considered a double-edged sword -- the most effective painkiller on earth and also the most addictive substance. For most of the 20th century, opiates were considered too dangerous to use in all but the most critical pain treatments. The assumption was that their medical use would inevitably lead to addiction. In the late 1980's, for the first time, public and medical opinion began to swing decisively in the other direction. Patient advocates and pharmaceutical companies, bolstered by studies showing that there were vast numbers of cancer patients whose pain was being undertreated, encouraged the medical community to rethink its approach to opioids, especially in the management of cancer pain. Their campaign was persuasive. Between 1990 and 1994, morphine consumption in the United States rose by 75 percent, and in 1994, the Department of Health and Human Services issued new clinical guidelines encouraging the use of opioids in the treatment of cancer pain.

Purdue Pharma was a leading player in the pro-opioid campaign. The company contributed generously to patient-advocacy organizations, including the American Pain Foundation, the National Foundation for the Treatment of Pain and the American Chronic Pain Association, and underwrote dozens of scientific studies on the effectiveness of opioids in the treatment of pain. In 1985, the company began marketing MS Contin, a time-release morphine pill that was used to treat cancer pain. As attitudes on opioids shifted, Purdue began to promote MS Contin for noncancer pain as well.

Dr. Russell Portenoy is chairman of pain medicine and palliative care at Beth Israel Medical Center in New York City, and the co-author of a groundbreaking 1986 study that supported the long-term use of opioids to treat noncancer pain. "Between 1986 and

1997, within the community of pain specialists, there was increasing attention on the role of opioids," Portenoy says, "but there was relatively little diffusion of that idea to family doctors and other nonspecialists." That began to change, Portenoy says, with the F.D.A.'s approval of OxyContin in 1995. "There was a sea change that occurred with the release of this drug," Portenoy says. For the first time, general practitioners began to prescribe strong, long-acting opioids to treat chronic noncancer pain. Portenoy says the change was due to four factors that came together at about the same time. "The reasons were partly cultural -- the attitudes of the medical and regulatory communities had been gradually shifting for a decade. They were partly medical -- studies had been coming out showing that patients with low back pain, chronic headaches and neuropathic pain might benefit from long-term opioid therapy. They were partly pharmacological -- OxyContin made it easier and more convenient for patients to receive long-term opioid therapy. And they were finally related to marketing, because Purdue Pharma was the first company to advertise an opioid pill to general practitioners in mainstream medical journals."

In addition to those doctor-directed ads in magazines like The Journal of the American Medical Association, the company began an innovative indirect-marketing campaign just before OxyContin's release. Because of F.D.A. regulations on the marketing of narcotics, the company was unable to use direct-to-consumer advertising, as other pharmaceutical companies were beginning to do for antidepressants and prescription allergy medications. So Purdue decided to concentrate on what they call "nonbranded education." Just as Nike advertises the concept of sports instead of shoes, so Purdue would market the concept of pain relief to consumers, but not OxyContin. In 1994, the company launched Partners Against Pain, a public-education program that at first concentrated on cancer pain and later expanded to include other forms of long-term pain. Through videos, patient pain journals and an elaborate Web site, Purdue promoted three ideas to doctors and patients: that pain was much more widespread than had previously been thought; that it was treatable; and that in many cases it could, and should, be treated with opioids. Partners Against Pain didn't promote OxyContin specifically; the company's marketers knew that simply expanding the total market would also increase their bottom line.

OxyContin was seen by many doctors as the solution to the long rift between pain specialists and addiction specialists. Purdue Pharma believed that OxyContin's time-release function would mean a much lower risk of addiction than other opioid medications. According to a principle known as the "rate hypothesis," the rate at which an opioid enters the brain determines its euphoric effect, and also its addiction potential. This is why injecting a narcotic produces a more powerful high, and addiction risk, than snorting it or swallowing it. Because OxyContin, taken whole, provides a steady flow of oxycodone over an extended period, the high it produces is diminished, as is the risk of addiction.

Before OxyContin, narcotic painkillers were prescribed mostly by oncologists and pain specialists. Purdue believed that OxyContin's time-release safeguards made it appropriate for use by a much broader array of medical professionals. The company began promoting OxyContin to family doctors and local pharmacists nationwide through a network of hundreds of field reps who emphasized, in their office visits, the idea that OxyContin presented a lower addiction risk than other opioid medicines.

Over the next few years, sales of OxyContin exploded. OxyContin prescriptions have more or less doubled in number each year since its release; the company's revenues from the pill jumped to $1.14 billion in 2000 from $55 million in 1996. Last year, doctors wrote more than six and a half million OxyContin prescriptions, and OxyContin ranked as the 18th best-selling prescription drug in the country (as measured by retail sales) and the No. 1 opioid painkiller. The company grew along with its main product's sales; between 1998 and 2000, the Purdue work force expanded to nearly 3,000 employees from 1,600.

Purdue's attempt to expand the opioid marketplace beyond cancer patients was also remarkably successful. Five years ago, cancer patients were still the main market for long-acting opioids, but oncologists accounted for only 3 percent of the OxyContin prescribed last year. The largest single group of OxyContin prescribers is now family physicians, who account for 21 percent of the total.

According to Portenoy, this change in the number and kinds of doctors prescribing OxyContin is fundamentally linked to the spread of OxyContin abuse. "It's not the drug, per se," Portenoy says. "It's rapidly expanding access, plus the reality of doctors prescribing it who may not have the skill set required to prescribe it responsibly."

Purdue's field reps were the first wave of OxyContin apostles, spreading word of the pill's effectiveness door to door -- doctor by doctor, pharmacist by pharmacist. But Purdue's officially sanctioned word-of-mouth marketing campaign was followed by another, unsanctioned one. This time the news was that the miracle pill had an Achilles' heel, that its time-release matrix could be eliminated completely in a matter of seconds by the simple act of crushing the pill with a spoon, a lighter, even a thumbnail, and that the resulting powder, when snorted or mixed with water and injected, produced a very potent high. The apostles this time were not Purdue's field reps but casual drug abusers throughout the Eastern United States. And just like Purdue's, their marketing campaign was enormously successful.

In a steel-mill suburb northwest of Pittsburgh, the leader of the second wave of OxyContin apostles was Curt, a young man who in 1998, at the age of 23, found himself kicked out of the Air Force and living back in his hometown. He worked the midnight shift running cranes at the mill, and he dealt a little marijuana during the day. He was part of a "drug community," as he calls it, 20 or so people who worked together, hung out together, went to parties and concerts and smoked a lot of pot. Every couple of months someone would land a prescription for Percocet or Vicodin, and they'd sell the pills to friends for $5 apiece, a cheap and mild high.

In April 1999, someone in his circle was prescribed OxyContin. Curt assumed that it was just like any other pain pill. "Everybody thought at first that they were like a Percocet," Curt says. "Nobody understood how many milligrams were really in these things. People were selling them like an expensive Percocet" -- for $10, in other words, instead of $5 -- and swallowing them whole. At a party, Curt figured out the trick of crushing the pill and snorting the powder, and he quickly spread the word. "I showed a lot of people," Curt says. "At first they were like, 'You're crazy.' But then they'd do it, and that would be it. People tell me now, Yeah, you're the one who showed me how to snort this thing."

Oxys quickly became very popular in Curt's circle of friends, and Curt found a comfortable niche for himself between supply and demand. "I knew people all over the county that were getting prescriptions," he says. "They'd call me and say, I'm getting OC's now and I want to get rid of them. They knew there was money there, but they didn't know who to sell to. They usually gave me a heck of a deal. I'd get them all for maybe $10" per 40-milligram pill. "I'd sell them for $20, so for every one I sold, I made one. And then I'd give them their money and the next month I'd get their scrip again." At that rate, he could make $900 off a 90-pill bottle. But he wasn't in it for the profit; he was in it for the pills. "I didn't need money," he explains. "I worked at the mill. I was always doing it just for the free drugs."

Before long, he had 10 people giving him their pills to sell, mostly women in their 30's and 40's on welfare or disability. (Patients on Medicaid pay just a dollar for a $250 OxyContin prescription.) "It's so weird the people that got into this," Curt says. "Some of them were innocent mothers. I had one that was in her 60's. She never did drugs. She'd sell every last one of her pills, and it would pay for all her other medication." Curt would keep careful track of which day of the month each of his suppliers filled her prescription. "A lot of times I would drive them to the pharmacy," he says. "I'd always get a couple of pills for that."

One of the most valuable -and closely guarded -- resources in the local OxyContin economy was a doctor who was willing to write an OxyContin prescription without asking too many questions. "It's a slow process, breaking a doctor in," Curt explains. "You've got to know how to work him. I'd say: 'I can't take the Vicodins and the Percocets because they're hurting my stomach. Do they have anything that's, like, time released?' The doctor goes, 'Oh, you know what, they've got this new stuff called OxyContin.' And I'd say: 'Oh, yeah? Wow, how's that work?"' Some local doctors, Curt says, knew exactly what was going on, but they needed the business. One started handing out monthlong OxyContin prescriptions every two weeks.

On the demand end, Curt had between 25 and 50 steady customers. "I had a cell phone at that time, so I was doing a lot of driving," he says. "People would gather at their houses, and they'd bring all their friends over, 10 of them that'd use it. They'd all gather when they knew I was coming, because they wanted the pill immediately."

Curt has been in recovery for a few months now; since he got out of rehab, he's been cut off from almost all his old friends, and he fills his spare time fixing up his sister's house, fishing and reading up on psychology, which he plans to begin studying this fall. He's a man of boundless energy and focus, and he has taken to the 12-step process with an unusual intensity; in his first 60 days clean, he told me, he attended 138 Narcotics Anonymous meetings. That same energy served him well back in his oxy days, when he was cutting steel at the mill all night and driving around making pickups and deliveries all day. The pills themselves, he says, helped him keep going. "I could go get two hours of sleep, wake up, do a pill and continue on from there," he says.
It was only a couple of months after OxyContin arrived in town that Curt and most of his customers realized they were addicted. At first, they were happy just to take a pill whenever one was around, for fun, but soon they found themselves experiencing severe withdrawal symptoms if they didn't have a pill every day. Everyone's tolerance built up quickly -- one week they were able to get by on a 20 a day, the next week they'd need a 40, and a couple of weeks later, it had to be an 80. "No one knew what was going on," Curt says. "These are a bunch of pot smokers, drinkers, just mellow people. This drug just took us by storm. A whole community, at least a hundred people I know around here. They're all into the addiction. These are guys I used to smoke pot with and drink beer with in the woods. I grew up with them all, having parties and that. And now there's not one of them -- not one of them -- that don't use pills."

Purdue Pharma wasn't aware of significant problems with OxyContin abuse until April 2000, when a front-page article in The Bangor Daily News, claiming that OxyContin "is quickly becoming the recreational drug of choice in Maine," landed on the desk of Purdue's senior

medical director, Dr. J. David Haddox. In the summer of 2000, the company formed a response team, made up of medical personnel, public relations specialists and two of the company's top executives, which has guided the company's OxyContin campaign ever since.

It's fair to say that in public relations terms, Purdue's reaction to the OxyContin problem has been less than successful. As recently as six months ago, the company had a considerable supply of good will in the media, the government and the affected communities; it is now facing 12 separate potential class-action suits from former patients, as well as one from the attorney general of West Virginia; formerly sympathetic community leaders in Appalachia and Maine have grown increasingly skeptical of the company's approach; and in separate Congressional testimony, Attorney General John Ashcroft called OxyContin a "very, very dangerous drug," and Donnie Marshall, then head of the D.E.A., said in May that unless he received "more cooperation" from Purdue, he was "seriously considering rolling back the quotas that D.E.A. sets . . . to the 1996 level," which would have meant a 95 percent cut in production.

Purdue's P.R. problems seem rooted in the company's deep-seated belief in the inherent safety of and public need for its product. It is an article of faith for the company that illegal traffic in its drug is the work of "bad guys" and "professionals," in Haddox's words. In fact, Purdue says that its internal data indicate that the levels of OxyContin abuse in the country are no greater than expected. "We have had increased numbers in the last year or so," I was told by Robert Reder, Purdue's vice president of medical affairs and worldwide drug safety, "but our estimation is that they're commensurate with the distribution of the drug." The abuse situation, according to Reder's numbers, is normal. (Government statistics indicate that as of 1999, 221,000 Americans had abused OxyContin.) The real victims, the company says, are their "legitimate patients," who would be denied OxyContin if its distribution were restricted.

In March, Purdue announced a 10-point plan to combat OxyContin abuse. The plan includes tamper-resistant prescription pads for doctors, antidiversion brochures and educational seminars for doctors and pharmacists in affected areas, an initiative to combat smuggling of OxyContin from Mexico and Canada and a donation of $100,000 to a Virginia group for a study of prescription-monitoring programs. To Purdue, the plan is generous and well focused; to people in the communities where abuse is widespread, it seems like a way for the company to avoid the real problem. I spoke several times this spring and summer to Debbie Trent, a professional counselor in Gilbert, W. Va., who runs the local antidrug community group called STOP (Strong Through Our Plan). In our first conversation, she was scrupulously cautious and polite when she spoke about Purdue Pharma, saying, "I don't want STOP to be seen as fighting OxyContin." During STOP's first few months, Haddox addressed her group twice.

When we spoke in April, though, Trent told me that she had come to believe that the company's 10-point plan was addressing the wrong problems -- prescription fraud and international smuggling, for example, when what Gilbert really needed was a way to get immediate treatment for its many addicts. "I read about the tamper-proof prescription pads and I think, Give me a break!" she said. "That seems like such a little thing. It seems so minute in comparison to the scope of the problem. It's almost intentionally missing the point. Rather than prescription pads, I would like to see something done in rehab, something where they're making an effort to help these folks get better."

Similar sentiments were expressed in Maine in July, when Purdue announced its latest solution to the OxyContin problem: a $100,000 grant to start a "mini-M.B.A." program in high schools. This fall, Purdue will send 20 teachers from some of the most affected counties in Appalachia and Maine to New York for training by the National Foundation for Teaching Entrepreneurship. When they return to their schools, they will teach students how to formulate a business plan and invest in the stock market. The idea is to "provide these kids with a sense of hope," according to a Purdue spokesperson. A Maine school administrator was quoted in The Boston Globe asking why the company "wouldn't have come up here and asked us what we want"; if anyone had, she said, she would have asked for money for the treatment of addicts rather than entrepreneurial training.

Again and again, Purdue has apparently been blindsided by criticism. At a news conference in Alabama attended by parents whose teenage children had died from OxyContin overdoses, Gov. Don Siegelman interrupted a Purdue doctor who was going point by point through Purdue's 10-point plan. "I find this very offensive, and I want you to stop," he said as the doctor stood open-mouthed in front of the television cameras. "We've had enough public relations and enough sugar-coating of this issue and quite frankly, as governor, I am fed up." In March, Haddox had what he thought was a cordial and cooperative meeting with Attorney General Darrell V. McGraw of West Virginia to discuss the company's plan to combat drug abuse. Less than three months later, McGraw filed a lawsuit against Purdue, charging the company with "highly coercive and inappropriate tactics to attempt to get physicians and pharmacists to prescribe OxyContin and to fill prescriptions for OxyContin, often when it was not called for," and seeking millions of dollars in compensation for state medical costs.

In the meantime, the lack of co-ordination between Purdue and the government agencies that regulate it has had serious repercussions in affected communities, as local police, small-town mayors and individual doctors and pharmacies have been forced to make up their

own policies on the fly. Six states -- Florida, Maine, Vermont, West Virginia, Ohio and South Carolina -- have introduced regulations making it harder for Medicaid recipients to receive OxyContin. After the recent spate of pharmacy robberies near Boston, dozens of drug stores in Massachusetts pulled OxyContin from their shelves -- only to be ordered by the state pharmacy board to begin carrying the drug again. In the small town of Pulaski, Va., the police have instituted a program in which patients picking up OxyContin prescriptions from local pharmacies must give their fingerprints, a development that has alarmed civil liberties advocates. Doctors in many states, sometimes fearing reprisals from the D.E.A., have refused to prescribe OxyContin even to patients clearly in need.

Purdue's executives see the company as an unwitting victim of criminal activity -- not unlike Johnson & Johnson in 1982, when seven people were killed by Extra-Strength Tylenol tablets that had been laced with cyanide. The company's critics prefer to compare Purdue to tobacco companies and handgun manufacturers, who are increasingly likely to be found liable for deaths caused by their products. Clearly, the company failed to anticipate the growing chorus of public sentiment against it. And as OxyContin incidents move closer to Washington and New York, pressure may increase on the D.E.A. and the F.D.A. to take regulatory action against Purdue.

When I returned to the Gateway rehabilitation Center outside Pittsburgh earlier this month, I got a clearer sense of the way in which OxyContin is taking hold in urban and suburban America. I also learned about an unexpected secondary effect of OxyContin abuse: in cities like Pittsburgh, the crackdown on OxyContin is resulting in a sharp rise in heroin abuse.

I sat for an afternoon in a glassed-in conference room, looking out on Gateway's parking lot and groomed grounds, and talked with Andy and B., two addicts and former low-level dealers. Before trying OxyContin, they had used their share of recreational drugs, but they didn't consider themselves part of a hard-core drug community. Aside from the track marks on his arms, B., 21, looked like every disaffected college kid in America. He was a professional sloucher, dressed in an orange T-shirt, Army shorts and sneakers, with a mop of brown hair. Andy wore a sparse goatee, a hooded Ecko sweatshirt and a baseball cap with a Japanese character on it. I asked him what it meant, and he said he didn't know.

B. began using OxyContin in 1998, when a friend told him about the pills. He soon started dealing to support his habit, buying pills from a dozen or so people and then selling them from his apartment to friends and friends of friends. His sources were all legitimate pain patients, sick with cancer, carpal tunnel syndrome, lupus or chronic back problems. But, as B. explained, they would often supplement their OxyContin prescriptions with something weaker and cheaper, like Vicodin, then sell the OxyContin and struggle through the month on Vicodin. "Some of them were old sick ladies who've never done drugs," B. said. "They didn't understand what oxy can do to people. They just knew they were getting $20 for each pill -- $1,800 a month off something they can do without. They just wanted that money."

Andy laughed. "Old people are supposed to keep young people off drugs," he said.

B. described for me the casual feel of his drug deals. For the first several months that he was selling OxyContin, he said, everything was friendly when he'd go to pick up pills from his suppliers. "Most of them would say, 'Hi, honey, come on in.' You go into their house and sit down and have something to drink and talk for a while and see how their family's doing, and they see how mine's doing. They were nice people. I don't think they think of themselves as drug dealers." Nonetheless, B. said, his suppliers kept most of the profits; he'd generally buy their pills for $20 a piece and then sell them for $25.

About six months ago, B. said, as the police and news media began to sound the alarm about OxyContin abuse, local doctors grew anxious. Many switched their patients to harder-to-abuse fentanyl patches and morphine, and B. lost most of his connections. The supply dried up, prices rose and people started ripping each other off.

A friend told him that shooting heroin was just like shooting OxyContin, only cheaper. He'd never imagined that he might take heroin, but the expense of OxyContin was killing him. "I was spending a hundred bucks a day on oxy," B. said. "That's why I switched to heroin. You get really high off two bags, which is 30 bucks a day. That's a big savings."

Andy agreed. It took him only a month and a half to go from using OxyContin for the first time to shooting heroin, he said. "I've always said that I'd never ever touch heroin. But then oxys came along and that's the same thing, just cleaner. And that got me into shooting dope. If I'd never touched OxyContin, I wouldn't have done heroin."

In Pittsburgh and its suburbs, Andy and B.'s stories aren't unique. Gateway's doctors report a sharp increase in admissions of young heroin addicts who started out on OxyContin. "Ninety percent of my friends that were addicted to oxys are now addicted to heroin,"

B. said. "I know probably 30 or 40 heroin IV drug users now because of OxyContin."

OxyContin entered the lives of casual drug users as a Trojan horse, disguised as something it is not. It has never become a popular drug among existing heroin or crack addicts, who already have a cheaper and at least as intoxicating mechanism for getting high. OxyContin does the most damage when it enters a community of casual drug users -- Curt's pot smokers and beer drinkers – who think of pain pills as just another interesting diversion for a Saturday night. In networks like Curt's or Paula's, before OxyContin, no one ever did heroin or crack; those were seen as an entirely different category of drug: something that will take over your life.

When you hold it in your hand, an OxyContin pill doesn't seem any different than a Tylox or a Percocet or any of the mild narcotic preparations that have for years seeped out of the pharmaceutical pipeline and into the lives of casual drug users. What B. and Andy and Paula and Curt failed to realize is that despite appearances, OxyContin actually belongs on the other side of the drug divide; it might look like a casual Saturday-night drug, but it's a take-over-your-life drug. Rehab centers across the country are filling up with young people who discovered that fact too late.

To Art Van Zee, the doctor who has seen his small community in western Virginia "devastated" by OxyContin abuse, the answer to the crisis is to take OxyContin off the market. Van Zee is circulating a petition asking the F.D.A. and Purdue to withdraw the pill until a safer formulation can be found. "The bottom line is, there's much more harm being created by this drug being available than good," he says. "There are very good medicines available that are equally effective. We can certainly meet people's pain needs without OxyContin."

But for many people, "drug communities" like Curt's are not worthy of a whole lot of official sympathy or regulatory concern -- especially not when their interests are considered next to those of patients in pain, who are using OxyContin the way it is meant to be used and whose lives have been improved as a result. For doctors who have seen their patients transformed by OxyContin, there is something mystifying, even infuriating, about the suggestion that it should be withdrawn or even restricted, just because a bunch of kids in Kentucky didn't know what they were snorting.

"There is no question that increasing opioid consumption for legitimate medical purposes is going to lead to some increase in the rates of addiction," Portenoy of Beth Israel says. "But the fact is, the trade-off is worth it. At the moment, the attitude is that if one housewife in Alabama becomes addicted, then the drug must be pulled and the company shut down. But we're talking about millions of people whose lives can be brought back from total disability by the proper use of opioids. Any actions taken by law enforcement or the regulatory community that increase the stigma associated with these drugs, or increase the fear of physicians in prescribing these drugs, is going to exacerbate an already terrible condition and hurt patients."

The 10th point in Purdue Pharma's 10-point plan to reduce OxyContin abuse is reformulation. The company says that it is spending millions of dollars to create a new version of OxyContin, or perhaps a whole new medication, that would have all the benefits of OxyContin and none of its dangers. Of all the initiatives under way, this is the one that has received the most attention and created the most hope in Appalachia and other affected areas.

In some interviews, Purdue's representatives sound downright enthusiastic about this idea. Earlier this month, they put a price tag -- $50 million -- on the project for the first time. But when pressed, Haddox admits that what Purdue's scientists are looking for is a "holy grail," a drug that will activate the receptors in the brain that control pain relief and leave alone those that control euphoria. And this isn't a new initiative, it turns out, but one that the company has been working on for many years. Scientists and doctors as far back as Hippocrates have tried to find a way to separate the benefits of opiates from their dangers.

There are often suggestions from Purdue that this reformulation may take "a few years"; it's also entirely possible that it will never happen. Opioids, including OxyContin, may remain the double-edged sword they have always been. And regulators may simply decide to accept a certain amount of unintentional damage in the treatment of pain, and leave local police chiefs and drug counselors -- as well as individual addicts -- to find solutions to the OxyContin problem on their own.

Paul Tough is an editor for The Times Magazine.

In Appalachia and beyond, OxyContin abuse called 'a plague'

BYLINE: By ALLEN G. BREED, Associated Press Writer

Kristen Rutledge had watched friends slowly kill themselves with OxyContin. Her own cousin, just 18, shot herself in the head, when she couldn't get more of the drug. Girlfriends were prostituting themselves for another fix. Still, when someone offered her a yellowish 40 milligram pill, she took it, chopped it up and snorted it. It was the start of a three-day binge, and she was hooked. "It's not like any other drug I've ever done," the 20-year-old says as she takes a drag off her umpteenth cigarette. Over the next year, her habit grew until she was taking up to eight "40s" a day, she says. When her dad, a county school board member and former mayor, found out, she tricked him into giving her more money by saying she was being threatened by drug dealers.

The cash drain contributed to Tim Rutledge's loss of his grocery franchise. But Kristen didn't care. "When I got down to two, I started panicking," she says. "I had to get out and buy some more." Many in Appalachia call OxyContin "Hillbilly heroin." Its abuse may not have started in the mountains, but it exploded here.

Across the region, people have overdosed on the powerful prescription painkiller and robbed pharmacies and family members to feed their habits. "If this was an infectious disease, the Centers for Disease Control would be in here in white vans," says Tim Rutledge. "There's no doubt it's very much a plague."

To cancer patients and chronic pain sufferers, OxyContin is a wonder drug that can return them to a semblance of normal life.

Dr. Michael Levy, director of pain management at the Fox Chase Cancer Center in Philadelphia, calls Oxy "close to an ideal opiate." While most strong pain medicines last only about four hours and take an hour or so to work, patients on Oxy get a steady 12-hour release of pain medicine with fewer side effects and less risk of liver damage.

"This product is better than anyone thought it would be when it was released five years ago," he says. "This is a drug we need to protect, because it really helps patients." But to addicts who chew the pill or crush it to snort or inject, Oxy produces a one-shot, heroin-like high that can kill. Purdue Pharma, the drug's maker, is willing to concede that Oxy abuse has led to "somewhere between dozens and hundreds" of deaths in the past two years, says David Haddox, Purdue Pharma's medical director. "I am sure it has caused some deaths," he says, "but my feeling is there is a magnification of this in the media." On Monday, the state of West Virginia sued the drug's makers, accusing them of pressuring and enticing doctors to over-prescribe Oxy and of failing to adequately warn of potential abuse. Purdue Pharma called the suit's claims "completely baseless."

Purdue Pharma has taken steps to limit the damage. The company has stopped shipping its 160 milligram pills and has suspended shipment of 40s to Mexico because too many were finding their way back across the border. The firm has offered tamper-resistant prescription pads in Maine and other states, and it expects to help pay for a federal pilot program to track narcotics prescriptions in Florida, Mississippi, Ohio, Virginia and West Virginia. Purdue Pharma sent a representative to Gilbert in January to address concerns; and it is running public service announcements on local radio to warn against abuse. Law enforcement officials insist the problems have not been overblown. At least one dealer in Virginia has been charged with murder, and manslaughter charges were filed in a Florida Oxy death. Several Virginia doctors have been convicted of illegally dispensing the drug. Breaking and entering and armed robbery charges related to Oxy have been filed from Maine to Mississippi.

Michael Pratt, a prosecutor focusing on drug crimes in Kentucky, Tennessee and West Virginia, sees reasons why OxyContin hit Appalachia especially hard. The Appalachian economy has long been dependent on coal and timber. Those are industries that produce serious injuries, so there are large numbers of people on painkillers.

"A lot of places, you got a headache, you'll tough it out," Pratt says. "Down here it's like, 'Well, my grandfather's got some drugs. I'll take that and it'll go away.' And it just escalates." In addition, OxyContin sells on the street for $1 a milligram - up to $160 for the highest-dosage pill. In an area with chronic unemployment, that kind of money is hard to turn down. For years, prescription fraud for Valium and other drugs has been a problem.

"But," Pratt says, "we've never come upon something that kills people so much. I mean, if it killed them, they really had to work at it. "Oxy rolls in. It's so powerful, it just lays waste." "This is a nuclear bomb," adds Gregory Wood, a health fraud investigator with the U.S. attorney's office in Roanoke, Va. "I was a cop in Detroit and saw crack come through the ghettos, and I've never seen anything like this." Neither had the tiny town of Gilbert.

Like many coal towns, Gilbert, pop. 417, winds like a centipede along the riverbank, pushing leg-like hollows out into the surrounding hills near the Kentucky line.

OxyContin found its way here about five years ago. What started as a gentle rain soon turned into a flash flood. Police Chief Greg Cline blames the drug for at least four deaths in town, and state police Sgt. J.J. Miller put the number at about a dozen for the entire county. But that number includes people who may also have been abusing other drugs. A mental health counselor tells of a man who was having his teeth pulled two at a time, because each visit meant a new Oxy prescription. Kristen Rutledge has known people to shoot themselves for a prescription. Cline has talked to cancer patients who were selling some of their pills. "It seems like if you're around people who are doing it, you catch it," says Judy Compton, manager of the Compton Inn. "It's contagious."

She knows all too well. Her sister caught it, too.

Jeanie Compton was spoiled. Her mother gave her a red convertible BMW before she could even drive, and a trailer home to live in. When she wanted to get married at age 15, her mother drove her across the Tug River.

Now it's all gone. The BMW? Traded for OxyContin. The trailer? Sold for a few thousand dollars' worth of pills. The husband? Found slumped over in thebathroom with a needle nearby, dead of a suspected Oxy overdose.

Jeanie's troubles began around 1991, when her adoring father died suddenly at age 50. She started experimenting with drugs. Along came Oxy. At one point, Joyce Compton says her daughter was raiding the family's motel for televisions, microwaves, mattresses, to supply her habit. Judy Compton stopped letting her come to her house.

"She'd get up to leave and my stuff would fall out of her pantlegs," she says. On more than one occasion, Judy has found her little sister slumped in a chair, her head lolled over.

Last Sunday was Jeanie Compton's 23rd birthday. She spent it in a jail cell, where she was serving time for violating home confinement to seek Oxy. Back home Wednesday, wearing a monitoring anklet, she says she's ready to get serious about kicking Oxy.

"I've said I'm either going to end up in jail or dead," she says. "Well, I made it to the jail. I can't come back from the grave." Locals have a nickname for the road: Pill Hollow.

"On one occasion I timed them, and in 30 minutes we had 45 cars coming to one house," says Clyde Lester, a local school board member. Of the 20 or so homes wedged into the mountains around him, he says four were occupied by dealers.

People are starting to lock their doors, and establishing community watches. Isolation, long an obstacle for Appalachia, has become something people miss.

"A lot of those troubles that used to be in the cities have really come home to plague this community," says the Rev. Denny May, whose 19-year-old daughter, Shanda, killed herself in 1999 shortly after getting involved with Oxy.

When Pastor Clayton Cline asked his Baisden Community Church congregation who had been affected by OxyContin, he says, "Almost every one raised their hands."

One hand was his own.

About a year and a half ago, his daughter became addicted to OxyContin after her husband received a prescription for an accidental gunshot. For the past six months, Cline's daughter and son-in-law have been attending a church-based methadone program in Georgia. Cline is a coal operator and has the means to get his daughter treatment. He has paid for some others to receive methadone at a clinic in Charleston, the only one in the state.

"It's no disgrace to have a problem. What's the disgrace is when you try to hide it," he says. "You can't hide this OxyContin. I've found that out."

Debbie Trent sits in a middle school auditorium in Bluefield, Va., and listens. She is a mental health counselor from Gilbert, where she is a member of a new drug-awareness group called STOP - Strong Through Our Plan. She has driven two hours along mountain roads to see what folks in southwestern Virginia are doing to battle OxyContin.

A self-described OxyContin abuser named Mary tells the group, "Addiction stands on a mountaintop and throws down commandments: 'Thou shalt not abandon me. Thou shalt put no one or nothing before me."' She says she lost her job and committed prescription fraud because of OxyContin.

Another recovering addict, a 38-year-old mother of two identified only as Cindy, shuffles from one foot to the other as she explains how she took 320 milligrams of Oxy in the morning before she had the strength to take her boys to school. Friends thought she had cancer.

For two hours, people talk about the problem. Dennis Lee, Tazewell County's top prosecutor, says 80 percent of the crime in his jurisdiction is now related to OxyContin.

Sheriff H.S. Caudill says efforts to get a statewide prescription tracking system failed in the legislature this past year. Just as local firefighting is done by volunteers, Caudill tells the crowd, much of the burden of stopping Oxy abuse will fall on them.

"I look at OxyContin as a huge forest fire," he says. "It's burning everywhere in Tazewell County. ... There's not enough of us, ladies and gentlemen. We need you."

Kristen Rutledge has three tattoos she doesn't remember getting. She went through physical problems - not menstruating for months, constipated for weeks. She stopped writing in her journal.

When she finally decided to quit Oxy, she did it cold turkey. The withdrawal lasted three days, the same as her first Oxy binge.

"I'd rather have died," she says, drawing her knees up to her chest. "I was vomiting. I could hear things and see things. I had pain all over my body, all over me - my head all the way down to my calf."

Her habit cost her father tens of thousands of dollars. OxyContin is still costing Tim Rutledge: Now, he's giving the cash-strapped police department money for undercover drug buys and taking out full-page newspaper ads warning others about drugs.

Kristen says she's been clean for a month. But she's not kidding herself.

"I'm still addicted," she says. "I'm just not using."

Sales of Painkiller Grew Rapidly, But Success Brought a High Cost
The New York Times

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BARRY MEIER and MELODY PETERSEN

Dr. Peter Leong recalls the day when he finally snapped at a drug company salesman pressing him to prescribe a powerful narcotic painkiller called OxyContin.

The drug's producer, Purdue Pharma, had already failed to persuade Dr. Leong with repeated offers of free weekend trips to Florida to discuss pain management. But when the salesman suggested that OxyContin -- which is as potent as morphine -- was safe enough to treat short-term pain, Dr. Leong exploded.

"We threw him out of my office," said Dr. Leong, who runs a pain clinic in Bangor, Me. He thinks OxyContin is potentially too dangerous to use for anything but chronic, severe pain. " OxyContin is a good drug," he said. "But the problem was, they were pushing it for everything."

If Dr. Leong was not a convert, many others were. In a little over four years, OxyContin's sales have hit $1 billion, more than even Viagra's. Although the drug has helped thousands of people in pain, its success has come at a considerable cost. An official of the Drug Enforcement Administration said no other prescription drug in the last 20 years had been illegally abused by so many people so soon after it appeared.

OxyContin has been a factor in the deaths of at least 120 people, and medical examiners are still counting, according to interviews with law enforcement officials. And doctors like Dr. Leong, pharmacists and law enforcement officials say part of the problem is that Purdue Pharma often oversold OxyContin's benefits without adequately warning of its potential for abuse.

The company also used an often criticized but increasingly common marketing strategy: currying the favor of doctors in private practice with free trips and paid speaking engagements. Purdue Pharma, based in Norwalk, Conn., paid the transportation and hotel costs for hundreds of doctors to attend weekend meetings in spots like Florida to discuss pain management, a company consultant said. Doctors were then recruited and paid fees to speak to other doctors at some of the 7,000 "pain management" seminars that Purdue sponsored around the country. Those meetings stressed the importance of aggressively treating pain with potent, long-acting painkillers like OxyContin.

Purdue also contributed to foundations supporting research on pain, to pharmacy schools and to Internet sites aimed at educating consumers. As OxyContin's marketing message spread, the drug caught on with many doctors who medical experts said had little experience in prescribing powerful narcotics. As a result, they often could not spot those who intended to abuse the drug or who did not need it in the first place.

OxyContin, introduced in December 1995, has offered patients something different: a tablet that slowly releases its powerful pain medication, permitting patients, for example, to sleep through the night. "It's a good drug in the right situation," said Dr. Art VanZee, a physician in St. Charles, Va.

Purdue officials say they have promoted the drug responsibly and would have disciplined any sales representative who did not. They also said that in informing doctors about the drug, they told them how to spot potential drug abusers, and they have responded quickly to reports of spreading problems.

"We don't have strong medicines that don't have abuse potential," said Dr. J. David Haddox, the company's senior vice president for health policy. "What we have to do is walk the balance between helping the greater good, knowing there are always some people who will divert drugs."

Abuse and addiction involving OxyContin have spread quickly in the last two years, flaring up in at least a dozen states. And while the illegal use of OxyContin took root in rural areas along the East Coast, it has begun moving into cities like Philadelphia. "Nobody is immune from this," said Brantley Bishop, a narcotics investigator in Alabama. "I'm seeing housewives; I'm seeing loggers, nurses, mechanics."

OxyContin was originally thought to be less prone to abuse because its narcotic was locked in a time-release formula. That meant it would not produce the quick spike of euphoria that drug abusers crave. But abusers quickly discovered how to disarm the time-release formula; they simply crushed the tablet, then swallowed, inhaled or injected the powder to give themselves a high as powerful as heroin's.

Getting OxyContin was often easy. A person simply had to find the right doctor, claim great pain and get a prescription. Others just stole prescription pads and wrote their own. Illegal use of OxyContin mushroomed even though no drug in this country is more tightly regulated. Unlike illegal drugs like cocaine or heroin, OxyContin is monitored by state and federal health officials in its production, marketing and distribution. Now, many of those regulators are trying to figure out how the outbreak occurred and what they might have done to prevent it.

The Food and Drug Administration, for one, is reassessing how it reviews prescription narcotics for potential abuse. "We've learned something from this," said Dr. Cynthia McCormick, director of the F.D.A.'s division of anesthetics, critical care and addiction drug products. Dr. McCormick acknowledged that the F.D.A. had failed to research all the ways abusers might tamper with OxyContin, an oversight she said her agency did not want to repeat.

Last Thursday, officials of five states met in Richmond, Va., to discuss ways to halt illegal traffic in OxyContin. In recent months, Purdue has also stepped up its efforts to halt the drug's abuse, including working with law enforcement officials.

Selling a 'Miracle' Drug

OxyContin came to market amid a sea change in how doctors treated pain. For years, terminally ill patients suffered needlessly because doctors resisted prescribing frequent, potent doses of narcotics, fearing that patients might become addicted.

But with new studies showing that doctors undertreated pain, OxyContin provided a breakthrough opportunity for Purdue Pharma. Until then, the company's biggest drug was MS Contin, which had limited appeal, partly because it contained morphine. OxyContin had broader appeal because it contained a synthetic version of morphine called oxycodone, which, among other things, carried less of a social stigma.

"If Grandma is placed on morphine it'slike, 'Oh, my God,' " said Dr. Howard A. Heit, a pain specialist in Fairfax, Va., and a Purdue consultant. "But if Grandma comes home placed on OxyContin -- that was O.K."

Although other pain medicine had lng contained oxycodone, OxyContin differed in two key respects: it had a time-release formula, and it could be delivered in larger doses because it did not contain the type of nonprescription pain relievers that in larger quantities could cause liver damage.

The F.D.A. approved OxyContin for those with moderate to severe pain lasting more than a few days. OxyContin is often prescribed for people in chronic pain, like those with back problems or severe arthritis, as well as patients with cancer and other painful diseases.

For Robert E. Mitchell, OxyContin proved nothing short of a wonder drug. A victim of Guillain-Barre syndrome, a rare nerve disorder that can cause paralysis, Mr. Mitchell said his pain had become so severe he could not walk. But with OxyContin, he can now wear shoes and has learned to walk again.

"To me, it's like a miracle," he said. Seeing great potential in the drug, the company hatched an ambitious marketing plan. To reach consumers, Purdue financed an Internet site called Partners Against Pain, where OxyContin is promoted. It also contributed to groups like the American Pain Foundation, which championed the need for better pain treatment.

Still, most of Purdue's marketing dollars were aimed at doctors. In recent years, Purdue brought in 2,000 to 3,000 doctors to three-day retreats in California, Arizona and Florida, estimated Dr. Heit, the Purdue consultant. At those meetings, doctors were lectured about treating chronic pain, while being recruited to serve as paid speakers at medical meetings sponsored by Purdue.

Dr. Susan Bertrand, who treats chronic pain in Princeton, W. Va., became a Purdue speaker. She said that for her, recent studies showing the undertreatment of pain had been "almost a religious experience," making her realize how poorly she and others had been trained to deal with the problem. To help change that, she said, she gave about a dozen paid speeches sponsored by Purdue. The company also helped her start the Appalachian Pain Foundation, an educational group on pain management.

Purdue's marketing campaign quickly began to pay big dividends, with OxyContin sales almost doubling every year, according to IMS Health, a firm that tracks drug sales. OxyContin now earns more in sales than any other narcotic. It also now accounts for 80 percent of Purdue Pharma's revenue, according to court documents filed by Purdue in connection with a patent dispute. Some doctors and pharmacists said they were put off by the company's sales tactics. "All companies market," said Dr. Diane Meier, a pain specialist at the Mount Sinai School of Medicine in New York. "But these people were in your face all the time." Others criticized the way Purdue recruited doctors. "Essentially, they bought the doctors' prescriptions," said Steve Schondelmeyer, a professor of pharmaceutical economics at the University of Minnesota. "It says to consumers that every time you paid for this drug, you sent your doctor to a nice meeting somewhere."

A Growing Concern

Purdue Pharma's critics agree that doctors must learn how to manage pain better. But Dr. Ted Parran, an associate professor at Case Western Reserve University School of Medicine in Cleveland, says doctors, in their rush to find a remedy, may have been blinded to another problem: addiction.

"Pain medicine docs are on a mission," said Dr. Parran, who teaches doctors how to use narcotics. "In the process, they tend to trivialize addiction." In this regard, pharmacists play an important backup role for doctors. They provide the last medical defense for preventing addictive drugs from getting into the wrong hands. For instance, they can choose not to fill suspect prescriptions.

Some pharmacists said they, too, found Purdue's safety claims overblown.

John Craig, a co-owner of Hancocks Drug Store in Scottsburg, Ind., remembers a Purdue salesman walking into his pharmacy several years ago with reassurances that OxyContin was safer than other narcotics. "They were going around to doctors promoting that this was the answer to all abuse," said Mr. Craig, but he already knew that local people were using OxyContin to get high. Since then, the abuse has become worse.

Another pharmacist, Samuel A. Okoronkwo, refused to fill an OxyContin prescription for someone he thought might be an abuser. He said a Purduesalesman suggested he could get into trouble for arbitrarily not filling prescriptions. "I told him I didn't have to fill a prescription that I didn't feel was medically necessary," he said. Another druggist, Joseph Yates in Grundy, Va., said simply, "The problem with this drug is the company."

Purdue did not comment when asked about such anecdotes.

Concern about Purdue's marketing practices has also reached the D.E.A. An agency official said its investigators had recently interviewed doctors and druggists about their dealings with Purdue. That official said the agency was worried that Purdue was not clearly communicating the drug's serious potential for abuse. "It may take years torepair the damage that this drug has done," said that D.E.A. official, who declined to be identified.

Told of the D.E.A. comment, Purdue responded with a statement that said in part: "In 15 years of marketing narcotic analgesics, Purdue Pharma has never been questioned by the Drug Enforcement Administration regarding our marketing practices."

In May, however, the F.D.A. did question a company advertisement for OxyContin, saying Purdue had improperly implied that OxyContin could be used to treat arthritis patients without first trying milder drugs. A company spokesman said that it disagreed with the F.D.A. but had voluntarily withdrawn the ad.

Dr. VanZee, in St. Charles, Va., has seen the destruction the drug has caused in the valleys and small mining towns of the southwestern part of that state. He said he was treating OxyContin overdoses in youngsters he had vaccinated as infants. In the past two years, OxyContin has been a factor in the overdose deaths of 28 people in the area, said an official of the state medical examiner's office. It is difficult to tell the precise cause of an overdose, however, because more than one drug is often involved and OxyContin's active ingredient is in other drugs.
One area clinic, the Life Center of Galax, expected to treat 20 patients in its new methadone program but must now find a way to treat 300, most of them addicted to OxyContin, a clinic official said. To stem this abuse, Dr. VanZee said, he met last fall with Purdue representatives in a bid to persuade them to cut back on their marketing and to issue a nationwide alert about the drug's hazards. The officials, Dr. VanZee said, appeared sympathetic, but said they viewed the problem as being limited to just a few areas of the country.

"They are either very naive about the extent of the problem," Dr. VanZee said, "or they don't understand what it means to have 300 people in your county addicted -- the type of pain that causes in a community and in families."

Addressing the Problem

Purdue officials said they were as surprised as anyone that OxyContin could be abused. Dr. Haddox of Purdue said he thought the time-release formula would make the pill "less desirable to addicts." That is not the case now. Last September, the company gathered 20 consultants to look for better ways for doctors to spot potential abusers, said Dr. Heit, the consultant. Four months later, Purdue asked its sales force to remind doctors that drugs like OxyContin "are common targets for both drug abusers and drug addicts."

Purdue said it was now planning to reformulate OxyContin, making it less appealing to abusers. The company is also helping to educate students on thedangers of prescription drugs. Moves like this have recently earned the company praise from some law enforcement officials.

Some health officials think OxyContin abuse might have been more quickly identified had more states closely tracked the prescribing patterns of narcotics; some 17 states do that now.

Hospitals are addressing the problem in different ways. Mercy Hospital in Portland, Me., gives OxyContin patients urine screens to verify that they are not taking too much, or that they are obtaining the drug but not taking it and then selling it on the street. A Cincinnati-based hospital chain, the Health Alliance, decided last month to limit OxyContin to just a few types of patients, like those with cancer, after determining that another painkiller was just as effective, cheaper and less prone to abuse.

Purdue Pharma -- and some doctors -- now worry that media reports on OxyContin abuse are scaring away patients who need the drug. "The publicity, of which you are a part, is causing patients to call us in tears because

their physicians are taking them off therapy," said Robin Hogen, a company spokesman. "This is becoming a sad case of patients being abused by drug abusers."

Three Founders Of Purdue Pharma

Unlike many drug companies that are publicly traded, Purdue Pharma is privately held and part of a network of concerns founded by three brothers, Arthur, Mortimer and Raymond Sackler, all of whom were trained as research psychiatrists and have illustrious ties to the arts and sciences.

A wing of the Smithsonian Institution in Washington bears the name of Dr. Arthur M. Sackler, who died in 1987. He and his brothers also financed a wing at the Metropolitan Museum of Art that houses the Temple of Dendur. In 1995, Dr. Raymond R. Sackler was knighted by Queen Elizabeth in recognition of his contributions to the sciences, arts and astronomy.

The company is now run by the son of Dr. Raymond Sackler, Dr. Richard Sackler, a surgeon who has served as a director of the foundation of the American Medical Association. A Purdue Pharma spokesman declined to make the Sackler family members available for interviews.

Medicine Merchants

Earlier articles in this series have examined the financing of a blockbuster drug, how lower-costing generic drugs can be kept off the market, alliances between drug companies and patient groups and the production of inexpensive copycat drugs in nations like India.

US: Overdoses of Painkiller Are Linked To 282 Deaths

Source: New York Times (NY)
The New York Times Company
Author: Barry Meier

OVERDOSES OF PAINKILLER ARE LINKED TO 282 DEATHS

An extensive federal review of autopsy data has found that the powerful painkiller OxyContin is suspected of playing a role in the overdose deaths of 282 people in the last 19 months, more than twice the number in some previous estimates. The nation's top drug enforcement official recently called the new finding "startling."

The review also found that virtually all the deaths were of people who swallowed the pill whole or crushed into powder, further suggesting that OxyContin misuse may be more difficult to curb. The overdose deaths were previously believed to have been of people who injected or snorted crushed pills, which are quicker and more dangerous forms of drug delivery.

Meanwhile, officials of Purdue Pharma, OxyContin's manufacturer, acknowledged in a recent interview that even after reports that OxyContin had been getting into the wrong hands, the company continued for a while this year to distribute free seven-day supplies of the drug, through doctors, to promote its use.

The federal study on OxyContin, by the Drug Enforcement Administration, is the agency's first to explore links between overdose deaths and a brand name drug. Previous reviews had looked only at drugs' active ingredients, used by many manufacturers. Besides the 282 deaths, which often also involved other drugs and alcohol, federal officials said they found that 500 people had died since the start of 2000 from overdoses involving oxycodone, the active narcotic in OxyContin and other popular painkillers. But federal officials could not say whether the oxycodone linked to those deaths was from OxyContin, a drug for the treatment of severe and chronic pain.

Asa Hutchinson, the administrator of the Drug Enforcement Administration, called the study's results startling and said, "This verifies the fear and concern that we have had about this drug."

Dr. Paul Goldenheim, the vice president for research and development at Purdue Pharma, said that the Drug Enforcement Agency's data was consistent with the company's own findings. But he emphasized that none of the information implicated OxyContin in any of the reported deaths. "There is no suggestion that the 200 subjects died

from oxycodone," Dr. Goldenheim said. The study did not try to determine whether OxyContin alone was responsible for the deaths because the overdose deaths typically involved multiple drugs.

Federal officials have said that abuse of OxyContin has grown faster than abuse of any other prescription drug in decades. Purdue Pharma heavily promoted the drug as safer than other narcotics because its active ingredient was in a time-release mechanism. But abusers quickly learned that crushing the pill disarmed that feature.

Fewer than 10 of the 282 people whose deaths were associated with OxyContin were intravenous drug abusers, and only one showed signs of having snorted the drug.

hat finding, federal officials said, suggests that a recent decision by Purdue Pharma to reformulate the time-released painkiller to reduce its abuse by injection or snorting may have limited benefits.

Dr. Goldenheim, the company executive, said that he also believed that more steps would be needed to curb the drug's misuse. " We have been concerned that the reformulation will not solve the bulk of the problem," he said. Dr. David Gauvin, a pharmacologist at the Drug Enforcement Administration, said medical examiners in 30 states had so far reported about 1,010 overdose deaths involving oxycodone since January 2000.

Based on responses to date, the agency concluded that OxyContin was "directly linked" as a factor in 110 overdose deaths because tablets were either found in a person's stomach or a prescription for the drug was found on a body. Other confirmation came from reports on interviews with witnesses.

“You may have had a credible witness who said, `My son took OxyContin, and 20 minutes later he stopped breathing,' " Dr. Gauvin said. Agency officials classified 172 deaths as "OxyContin possible," cases where autopsy reports showed high blood concentrations of oxycodone without the presence of other compounds like aspirin or acetaminophen. While OxyContin contains only oxycodone, other narcotics, like Percodan and Tylox, use the drug as an active ingredient but also include other compounds.

In 501 cases, the agency did not receive enough information to differentiate between OxyContin and oxycodone, its principal ingredient. And the information in 227 of the 1,010 reports was insufficient to enable the agency to analyze them.

Purdue Pharma executives have defended their decision to distribute free OxyContin pills.

The company's salespeople gave doctors promotional material about OxyContin that contained cards, which doctors would then give to patients along with a OxyContin prescription. A patient would bring the card to a pharmacy for free drugs.

Michael Friedman, the chief operating officer of Purdue Pharma, based in Stamford, Conn., said the sampling program was used to acquaint patients with OxyContin. Mr. Friedman said the company had begun a new card program in July but stopped it a few days later when the Food and Drug Administration placed the highest possible warning on OxyContin's label.

Asked why Purdue continued to offer free supplies in the face of mounting reports of abuse, Mr. Friedman said he believed that people who received the cards from doctors were legitimate patients. He estimated that the company had run four or five similar marketing programs for the drug in recent years and that from 8,000 to 15,000 cards had been distributed each time.

"The fact that we're providing a sample to a patient has no connection to some criminal doctor who was taking money for prescriptions," Mr. Friedman said.

Terry Woodworth, the deputy director of drug agency's division of diversion control, said Purdue Pharma's program did not violate the law. But Mr. Woodworth, who learned about Purdue Pharma's program from a reporter, said he was stunned to hear that the company continued it after reports about abuse. "It's absolutely absurd," Mr. Woodworth said. "Were they meeting the letter of the law? Sure. Were they meeting the intent and spirit? No."

Times News Kingsport, TN
Oxycontin becoming drug of choice for abuse in region
by WALTER LITTRELL

'Five years ago we never heard of Oxycontin'

JONESVILLE — Its manufacturer warns that Oxycontin, an opium-based product similar to morphine, may be habit forming and cause addiction. Oxycontin, the controlled-release form of oxycodone — Percocet — is a pain medication approved for moderate to severe pain for patients who have to be on pain medication for more than a few days.

Oxycontin is quickly growing in popularity for drug users and addicts. But the narcotic's addictive properties are being exploited in just a few small pockets across the United States. "When you mention it in Knoxville or Roanoke, they don't know what you're talking about," said Lee County Sheriff Gary Parsons. "But in Lee County, it's becoming one of our biggest problems — fast."

Gregg Wood, a health care fraud investigator for the U.S. Attorney's Office in Roanoke, works drug cases from Lynchburg all the way west to Cumberland Gap. He agrees with Parsons. "It's not clear why it is the drug of choice. In Lynchburg, they've never heard of it, but it's a big problem in Southwest Virginia. We're seeing it real heavy in Roanoke, but the further west you go, the worse it gets. Then they have problems with it in areas like rural Maine, West Virginia and the Cincinnati area, but in other places it's unheard of,'' Wood said. Virginia State Police Trooper Eddie Quillen said a young male user told him he preferred the drug's euphoric effect to sex, and users will go to any lengths to obtain the pills or the money to get them.

The tablets come in various strengths, Quillen said, and the street price corresponds to the number of milligrams in the pills. For example, the trooper said, the pills come in 10 mg, 20 mg, 40 mg and 80 mg strengths. A 10 mg tablet sells for $10, and an 80 mg tablet will bring $80. To obtain that kind of money, users will go to about any length, the sheriff said. He attributes any number of Lee County burglaries and thefts to the perpetrators' efforts to get money for OCs, as the drug is sometimes called. Wood said the painkiller is establishing its own underground economy. In the drug stores, the medicine sells for about 10 cents per milligram, making a 30-day supply — at two pills per day — of 40 mg tablets cost about $240. He said a person on Medicaid has a $1 co-payment for each doctor visit. The patient pays another $1 at the pharmacy and for a total of $2 has obtained $240 worth of medication. That patient can then sell those pills to users for $40 each and pocket a $2,398 profit.

The drug finds its way to the street because some people with a legitimate need will sell some just to stretch their checks, said Wood. Others will keep some for themselves and sell a few on the street to buy more for themselves, while others will fake a back injury to obtain the drug solely for resale, Wood said. The drug's allure extends beyond the casual and addicted users though, the investigator said. "Often doctors will prescribe them for profit. A doctor is paid $50 to $100 for each patient seen, and some will just write a prescription to get paid. People with light pain have to be better scrutinized by doctors. It eats up a tremendous amount of our time investigating these cases," said Wood, who can quickly rattle off a list of Southwest Virginia doctors recently convicted or indicted on charges of illegally prescribing the drug.

A lengthy investigation of street dealing led to the September arrests of about 50 alleged dealers in the New River Valley, he added. Wood said while his office concentrates on the fraud aspect on the part of doctors, most of the local crime brought on by efforts to find money to buy the drug on the street is left to local authorities. But, he said, the pill has added dramatically to the number of burglaries, robberies, pharmacy break-ins, and forgeries or alterations of prescriptions for the drug. Abusers of the medication do not take it orally, as do those who use it legitimately. Instead, they either crush the pills and "snort" them through their nose, or crush them, boil the powder and strain it through a cigarette filter, and inject the drug intravenously.

Wood said when snorted, a waxy part of the fillers in the tablets will stick to the sinuses, and he has seen users that have had the backs of their noses actually eaten away. Others have crystals form in their lungs, and side effects of injections cause strokes. Many deaths in the region can be attributed to these damaging effects and to overdosing on the drug, he said. Abuse of the drug is now starting to get the attention of officials at Purdue Pharma L.P., which manufacturers the drug, said Wood, and they are exploring ways the company can help curb the abuse.

"There are ways for doctors to do pain contracts with people who have legitimate pain. Those who use the drug should be tested for other drugs in their system, and when they are found to be illegally using drugs, they should be put out of the program. There ought to be something doctors can do to regulate behavior, but for some, it is a money-making opportunity. We all need to partner up to eliminate these problems," he said.